

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/671,461</u>	FILING DATE <u>9-27-00</u>					
						APPLICANT(S)						
						7,22,03 12-15,04 CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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